

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Adoption of AAIS Revised HO's SERFF Tr Num: PHAR-125258612 State: Arkansas

Program

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: AR-PC-07-025774

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: AR-HO-01-08-F

State Status:

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Author: Lori Stokes

Disposition Date: 08-10-2007

Date Submitted: 08-10-2007

Disposition Status: Approved

Effective Date Requested (New): 01-01-2008

Effective Date (New): 01-01-2008

Effective Date Requested (Renewal): 01-01-2008

Effective Date (Renewal): 01-01-
2008

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization: AAIS

Reference Number: AAIS-2006-6 and AR-PC-
06-020122

Reference Title:

Advisory Org. Circular: 07-0736

Filing Status Changed: 08-10-2007

State Status Changed: 08-10-2007

Deemer Date:

Corresponding Filing Tracking Number: AR-HO-01-08-F

Filing Description:

Pharmacists Mutual Insurance Company is a member of AAIS for our homeowners program in your state. The purpose of this filing is to adopt AAIS' recent homeowners form and endorsement revision. Please refer to the attached filing memorandum for more information.

Company and Contact

Filing Contact Information

Lori Stokes,

PO Box 370

(800) 247-5930 [Phone]

Algona, IA 50511

() -[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company

CoCode: 13714

State of Domicile: Iowa

808 Highway 18 West

Group Code: 775

Company Type: Mutual

P.O. Box 370

Algona, IA 50511

(800) 247-5930 ext. [Phone]

Group Name:

State ID Number:

FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? No
Fee Explanation: \$50/one independent form
\$20/adopting AAIS reference filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$70.00	08-10-2007	15057081

State Specific

Check_No: EFT
Check_Amt: 70.00
Check_Rec: EFT

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08-10-2007	08-10-2007

Disposition

Disposition Date: 08-10-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal): 01-01-2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Water Back Up and Sump Discharge or Overflow	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Water Back Up and Sump Discharge or Overflow	PM 1511	01-08	Endorsement/Replacement/Amendment/Conditions	PMHO 208 1-97	0.00	PM 1511 (01-08).pdf Side by Side Comparison of PM1511 v PMHO208.pdf

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

This policy is amended to include the following "terms". All other "terms" of the policy apply, except as amended by this endorsement.

PROPERTY COVERAGES

The following is added:

1. "We" insure against direct physical loss to property covered under the Property Coverages caused by water or matter present in water that:
 - a. backs up through sewers or drains; or
 - b. overflows or is discharged from:
 - 1) a sump, sump pump, or related equipment; or
 - 2) any other type of system designed to remove subsurface water which is drained from the foundation area;

even if such overflow or discharge results from mechanical breakdown.

The most "we" pay per occurrence is the limit shown on the declaration page. This does not increase the "limits" that apply to the property covered or the "limit" that applies to Coverage D.
2. However, this coverage does not apply to:
 - a. loss caused by the negligence of an "insured"; or
 - b. loss of:
 - 1) a sump, sump pump, or related equipment; or
 - 2) any other type of system designed to remove subsurface water which is drained from the foundation area;

that is caused by mechanical breakdown.

EXCLUSIONS THAT APPLY TO PROPERTY COVERAGES

1. In all forms except HO 0005, the Water Damage exclusion is deleted and replaced by the following.

However, this does not delete or replace the provisions added to the Water Damage exclusion by any of the following endorsements, if attached to this policy:

- a. Computer Coverage;
- b. Coverage C -- Personal Property -- Special Coverage; or
- c. Unit-Owners Coverage C -- Special Coverage.

Water Damage -- "We" do not pay for loss caused by water damage whether the water damage results from or is caused by human or animal forces or an act of nature.

Water damage means:

- 1) flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, all whether driven by wind or not;
- 2) water or matter present in water that backs up through sewers or drains or that overflows or is discharged from:
 - a) a sump, sump pump, or related equipment; or
 - b) any other type of system designed to remove subsurface water which is drained from the foundation area;

as a direct or indirect result of flood; or
- 3) water or matter present in water below the surface of the ground. This includes water or matter present in water that exerts pressure on, or seeps or leaks through or into, a building, sidewalk, driveway, foundation, swimming pool, or other structure.

"We" do pay for direct loss to covered property caused by fire or explosion resulting from water damage.

This exclusion does not apply to loss caused by theft that is otherwise covered by this policy.

2. In form HO 0005, the Water Damage exclusion is deleted and replaced by the following:

Water Damage -- "We" do not pay for loss caused by water damage whether the water damage results from or is caused by human or animal forces or an act of nature.

Water damage means:

- 1) flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, all whether driven by wind or not;
- 2) water or matter present in water that backs up through sewers or drains or that overflows or is discharged from:
 - a) a sump, sump pump, or related equipment; or
 - b) any other type of system designed to remove subsurface water which is drained from the foundation area;as a direct or indirect result of flood; or
- 3) water or matter present in water below the surface of the ground. This includes water or matter present in water that exerts pressure on, or seeps or leaks through or into, a building, sidewalk, driveway, foundation, swimming pool, or other structure.

"We" do pay for direct loss to covered property caused by fire or explosion resulting from water damage.

This exclusion does not apply to loss caused by theft that is otherwise covered by this policy.

"We" do pay for direct loss caused by water damage to property covered under Coverage C while away from a premises or location owned by, rented to, occupied by, or controlled by an "insured".

Water damage to property covered under Coverage C while on a premises or location owned by, rented to, occupied by, or controlled by an "insured" is excluded even if weather conditions initiate, set in motion, or in any way contribute to the loss.

HOW MUCH WE PAY FOR LOSS OR OCCURRENCE

With respect to the coverage provided by this endorsement, Deductible is deleted and replaced by the following:

Deductible -- "We" pay only that part of the total of all loss payable under the Property Coverages that exceeds \$250. No other deductible applies to this coverage.

However, the deductible does not apply to loss covered under Coverage D.

Text Comparison

Documents Compared

PMHO208 0197.pdf

PM 1511 (01-08).pdf

Summary

887 word(s) added

189 word(s) deleted

To see where the changes are, please scroll down.

~~Pharmacists Mutual[®] Insurance Company~~~~THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ THIS CAREFULLY.~~~~**WATER DAMAGE
SEWERS, DRAINS, AND SUMPS**~~~~**Property Coverages**~~~~We pay up to the amount shown on the declaration page for direct physical loss to covered property caused by:~~

- ~~1. water or sewage which backs up through sewers or drains; or~~
- ~~2. water which enters into and overflows from within a sump pump, sump pump well, or other type of system designed to remove subsurface water which is drained from the foundation area. However, we do not pay for loss to the sump pump or other type of system or related equipment caused by mechanical breakdown.~~

~~This coverage does not increase the limits shown on the declarations for Coverages A, B, C, or D.~~~~A \$250 deductible applies to this coverage, however, the deductible does not apply to Coverage D.~~~~Under Exclusions That Apply To Property Coverages, the references to:~~

- ~~1. water or sewage which backs up through sewers or drains or water which overflows from within a sump under Water Damage; and~~

- ~~2. mechanical breakdown under Wear and Tear;~~

~~are deleted with respect to the coverage provided by this endorsement.~~

This endorsement changes
the policy
-- PLEASE READ THIS CAREFULLY --

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

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PROPERTY COVERAGES

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 - b overflows or is discharged from:
 - 1) a sump, sump pump, or related equipment; or
 - 2) any other type of system designed to remove subsurface water which is drained from the foundation area;

even if such overflow or discharge results from mechanical breakdown.

The most "we" pay per occurrence is the limit shown on the declaration page. This does not increase the "limits" that apply to the property covered or the "limit" that applies to Coverage D.

- 2 However, this coverage does not apply to:
 - a loss caused by the negligence of an "insured"; or
 - b loss of:
 - 1) a sump, sump pump, or related equipment; or
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as a direct or indirect result of flood; or
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"We" do pay for direct loss to covered property caused by fire or explosion resulting from water damage.

This exclusion does not apply to loss caused by theft that is otherwise covered by this policy.

2. In form HO 0005, the Water Damage exclusion is deleted and replaced by the following:

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 - b) any other type of system designed to remove subsurface water which is drained from the foundation area;

as a direct or indirect result of flood; or
- 3) water or matter present in water below the surface of the ground. This includes water or matter present in water that exerts pressure on, or seeps or leaks through or into, a building, sidewalk, driveway, foundation, swimming pool, or other structure.

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However, the deductible does not apply to loss covered under Coverage D.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	08-10-2007
Comments:			
Attachment:			
industry_rates_PCtransDoc_intelligent[1].pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

[illegible]

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

Contact info of filer(s) or Corporate Officer(s) (include toll free number)					
6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

Filing Information (See General Instructions for descriptions of these fields)			
9.	Type of Insurance (TOI)		
10.	Sub-Type of Insurance (Sub-TOI)		
11.	State Specific Product code(s)(if applicable)(See State Specific Requirements)		
12.	Company Program Title (Marketing title)		
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14.	Effective Date(s) Requested	New:	Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	